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FAX TRANSMISSION**OFFICIAL****DATE:** July 30, 2004**PTO IDENTIFIER:** Application Number 10/069,146-Conf. #1778
Patent Number**Inventor:** Douglas Rawson-Harris**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Myron Keith Wyche

PHONE: (202) 331-7111**Attorney Dkt. #:** 22078-00001-US**PAGES (Including Cover Sheet):** 15**CONTENTS:** Amendment Transmittal (1 page);
Fee Transmittal (1 page);
Amendment Responsive to Office Action dated 03/31/2004 (10 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
Certificate of Transmission under 37 CFR 1.8 (1 page); and
Charge \$55.00 to Deposit Account 22-0185.

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on July 30, 2004
Date


Signature

Joy D. Pickett
Typed or printed name of person signing Certificate

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Amendment Transmittal (1 page);

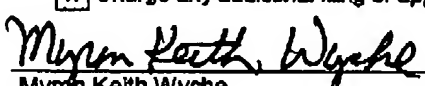
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AMENDMENT TRANSMITTAL LETTER				Docket No. 22078-00001-US	
Application No. 10/069,146-Conf. #1778	Filing Date February 22, 2002	Examiner Thomas, David B.	Art Unit 3723		
Applicant(s): Douglas Rawson-Harris					
Invention: SECURITY SCREW					
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	6	- 20 =		x	0.00
Independent Claims	1	- 5 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					55.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					55.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>22-0185</u> in the amount of \$ <u>55.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>22-0185</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Myron Keith Wyche Attorney Reg. No.: 47,341				Dated: <u>July 30, 2004</u>	
CONNOLLY BOVE LODGE & HUTZ LLP 1990 M Street, N.W., Suite 800 Washington, DC 20036-3425 (202) 331-7111					

PTO/SB/17 (10-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004				Complete if Known																																																																																																																																																																																			
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			3. ADDITIONAL FEES																																																																																																																																																																																				
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Name (Print/Type)		Myron Keith Wyche		Registration No. (Attorney/Agent)	47,341																																																																																																																																																																																		
Signature		<i>Myron Keith Wyche</i>		Telephone	(202) 331-7111																																																																																																																																																																																		
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